Washington, D.C. 20005 DC2DOCS1\339568





DECLARATION FOR UNITED STATES PATENT APPLICATION Attorney Docket POWER OF ATTORNEY, DESIGNATION OF CORRESPONDENCE ADDRESS 39129-177369 GHS

Page 1 of 1

As a below named inventor, I hame, and that I believe I am inventor (if plural names are lisentitled	ted below) of the subject me SIEVING DEVICE	atter which is cla	imed and for whi	ich a patent is sought on the specifics	the invention arion of which	
[] is attached hereto. [] was filed on, as Application Serial No			Confirmation No		, and was amended on	
[X] was filed under the Patent C	aolej. Cooperation Treaty on	July 1, 2000	Serial No	PCT/DE00/02210	, the	
amended by any amendment re- I acknowledge the du	aty to disclose to the Patent 37, Code of Federal Regulat priority benefits under Title tificate listed below and have having a filing date before the	and Trademark ions, 1.56. 35, United States also identified l at of the applicati	Office all information Code, 119 of any pelow any forcign	nation known to me to foreign application(s) for application(s) for patent	be material to repatent, utility model,	
	on(s)					
Number	Country	T.	Date F <u>iled</u> ly 28, 1999	Yes X	<u>No</u>	
19935321.2	Germany		19 20, 1332			
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undersigned's assignee, if any patent attorney or patent age direct communication betwee instructions may be taken, the I hereby declare that and belief are believed to be like so made are punishable false statements may jeopard. Signature:	receipt authorizes the U.S. y, and/or, if the undersigned nt, as to any action to be ta cen the U.S. attorneys and to U.S. attorneys identified her that all statements made herein true; and further that these st by fine or imprisonment, or l ize the validity of the applica	attorneys identifies not a resident ken in the Patenthe undersigned. The rein will be so not of my own know atements were mooth, under 1001 tion or any patent	fied herein to act of the United State and Trademark. In the event of iffied by the under dedge are true and ade with the know of Title 18 of the tissued thereon.	cept and follow instruc- ates, the undersigned's do- Office regarding this app a change in the person signed. d that all statements mad-	ctions from the omestic attorney, plication without n(s) from whom e on information attements and the that such willful	